

PARALEGAL SPECIALIST
DISMISSED OFFICE
(703) 35-8483

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10089292 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
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5	1					
6		1				
7	1		1			
8	2		1			
9	2		1			
10	2		1			
11	2		1			
12	(1)		1			
13	3		1			
14	3		1			
15	3		1			
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17	3		1			
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TOTAL IND.			5			
TOTAL DEP.		28				
TOTAL CLAIMS	22	35				

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